

OCT 28 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

30421

File No. 19  
Registered No. 141125  
St. Ward

1. PLACE OF DEATH

County Palls  
Township Perry  
City Perry (No. )

Registration District No. 727  
Primary Registration District No. 4433

2. FULL NAME

Mattie May Smith

(a) Residence, No. 88 St. Ward  
(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-29-1880

7. AGE YEARS 55 MONTHS 3 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mauro Co Mo  
(STATE OR COUNTRY)

13. NAME John P. Goss

14. BIRTHPLACE (CITY OR TOWN) Mauro Co Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Emma C. Goss

16. BIRTHPLACE (CITY OR TOWN) Mauro Co Mo  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Elliott Goss Perry Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry Mo DATE Sept 13 1935

19. UNDERTAKER (ADDRESS) Wm. C. Goss Perry Mo

20. FILED Sept 17 1935 Wm. C. Goss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Sept 11, 1935  
I last saw her alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 6-15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 9-7-35

Other contributory causes of importance:

Name of operation Physician Date of Sept 12 1935  
What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury Sept 12 1935

Where did injury occur? Perry Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Physician  
Nature of injury Physician

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no  
(Signed) John P. Goss, M. D.  
(Address) Perry Mo

